Appraisal and Revalidation of Doctors – Annual Report to Sheffield Teaching Hospitals NHS Foundation Trust Board of Directors for the year April 2015 – March 2016

1. Introduction

Sheffield Teaching Hospitals has a prescribed connection to 637 doctors for the purpose of revalidation by the General Medical Council (GMC). Satisfactory annual appraisal satisfying General Medical Council (GMC) requirements is a key requirement for Medical Revalidation. As a Designated Body, STH is required to have a system to support medical appraisal and revalidation. The development and performance of this system is the subject of this report.

The rolling annual appraisal rate for the Trust is currently 89%, below the target of 95%, but a significant improvement on last year's position of 73%. The number of recorded appraisals has increased steadily since Medical Revalidation was introduced in 2012. The current number of recorded Trust appraisals is 593 (this is also a rolling total, so differs from the annual total for 2015/6 recorded in appendices A and B). This includes the number of doctors who hold honorary contracts with the Trust and for whom we are responsible as a Designated Body. The figure does not include Doctors in Training, whose prescribed connection is to Health Education Yorkshire and Humber.

2. Purpose of the Report

The purpose of this report is to provide the Board with a framework of quality assurance in order that a Statement of Compliance from STH can be signed by the Chief Executive and sent to NHS England, the body responsible for the performance management of medical appraisal. NHS England has also introduced a quarterly information report which will be submitted to the Revalidation Team at Health Education England.

3. Background

Medical Revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical profession.

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations (2010 and 2013 amendment) and it is expected that executive teams will oversee compliance by:

- Monitoring the frequency and quality of medical appraisals in their organisations;
- Checking there are effective systems in place for monitoring the conduct and performance of their doctors;
- Confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors; and
- Ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

Revalidation of individual doctors depends upon their having participated in regular satisfactory appraisal and having completed patient and colleague feedback and quality improvement exercises once in each 5 year revalidation cycle. Prior to a doctor's revalidation

date (set by the GMC), the Responsible Officer (RO) of the doctor's Designated Body submits a recommendation to the GMC. There are three possible recommendations:

- Revalidate
- Defer for 4-12 months to allow more time to gather the necessary evidence or if the doctor is subject to a local investigation
- Non-engagement

The GMC make a decision about the doctor's revalidation taking account of the RO's recommendation and any other relevant information they may have about the doctor. The GMC themselves may put a doctor's revalidation on hold if the doctor is subject to a GMC investigation. If a doctor fails to revalidate, the doctor is removed from the Medical Register.

During the first cycle of revalidation (now in its fourth year) the GMC have been prepared to revalidate on the basis of a single satisfactory appraisal. The expectation for the second cycle is for each doctor to have completed 5 annual appraisals. This lower requirement for the first cycle may explain the lower than expected rate of medical appraisal experienced at STH during the first cycle.

4. Governance Arrangements

Responsibility for the administration and quality assurance of medical appraisal is held by the Responsible Officer (RO) and his delegated assistants. Since the last report to the Board of Directors, the role of RO has been transferred from Dr David Throssell to Dr David Hughes. Although many hospital trusts combine the roles of RO and Medical Director, there is an increasing trend for larger organisations to separate these roles because of workload considerations. Monthly data on appraisal rates by directorate group are submitted to the Clinical Management Board. Non-engagement, or doctors not communicating in relation to appraisal and revalidation are addressed at an individual level by the Medical Director's Office and problems are escalated to the appropriate Clinical Director or the Medical Director as necessary.

The list of doctors on the GMC database (GMC Connect) is managed and maintained continually by Medical HR against the list of Trust new starters and leavers. In addition to this, there is regular communication with Human Resources within the University of Sheffield to ensure accurate records of University of Sheffield staff holding honorary clinical contracts are maintained.

All documentation for new starters has been adapted to ensure that new starters identify their previous Responsible Officer and appraisal date. The Medical HR team are now working on the documentation for doctors leaving the organisation to ensure that they disconnect from the database and connect to their new organisation in a timely fashion. This also gives the leaving doctor the opportunity to ensure that they have a copy of their recent appraisal documents in order that they have evidence for the new organisation.

The Trust's Appraisal Policy for Consultant, Associate Specialist, Staff and Specialty Grade Medical and Dental Staff has been reviewed to ensure it reflects NHS England guidance and is fit for purpose. All doctors submit their appraisals using the MyL2P web-based platform. Guidance on the use of this and other support is available from the Medical Director's office. From April 2016, all Consultant Dental staff, with the exception of those working in Community Dentistry who are required to work to a separate model of appraisal that is set out in their national terms and conditions, also submit their appraisal using the MyL2P platform. Appraisers participate in a regular Appraisers' Forum providing the opportunity to discuss issues and network/calibrate with fellow appraisers

5. Process of Medical Appraisal

a. Appraisal and Revalidation Performance Data

The Trust Medical Appraisal Report is attached to Appendix A for information. It includes details of the number of doctors in each directorate group, and the number of completed appraisals.

During 2015/16, a total of 181 appraisals were not completed. No explanation is available for these appraisals not being carried out or completed; it is therefore assumed that these were due to failure of the doctor or appraiser to complete the appraisal preparation, interview and write-up processes. It should be noted that this should not be due to insufficient time as the generic SPA that all doctors have in their job plans is allocated to provide sufficient time for the appraisal process to be competed each year.

During this year, an audit was carried out to identify doctors with no record of having had an appraisal. All doctors who were identified through this process were contacted directly and appraisals arranged. The number of non-completed appraisals implies that a large proportion of doctors engaged in the appraisal process are allowing periods of greater than 12 months to elapse between appraisals. This is now being proactively managed by the Medical Director's Office through the issue of a series of reminder letters to individual appraisees with an escalation process, and through the engagement of CDs via regular reporting to Clinical Management Board.

b. Appraisers

There are currently 132 appraisers listed in the Trust, including Dentist and Academic Dental appraisers. The number of appraisers is currently slightly greater than the number required within the Trust Policy, (a ratio of between 6 – 10 appraisals per appraiser per year). An audit is to be carried out to identify appraisers who have carried out fewer than 6 appraisals per year for 2 or more years in succession.

c. Quality Assurance

a. For the appraisal portfolio:
The appraisals of doctors due for revalidation are reviewed by the Revalidation Manager, for completeness of required evidence, and then by the Appraisal Lead/Responsible Officer to assess whether the quality of evidence is sufficient to recommend revalidation. This ensures that there is assurance that the pre-appraisal declarations and supporting information provided are available and appropriate.

- This review ensures that there is assurance that the appraisal outputs; PDP, summary and sign offs are complete and to an appropriate standard.
- This review provides assurance that key items identified pre-appraisal as needing discussion during the appraisal are included in the appraisal outputs.

Practice elsewhere varies, with some Designated Bodies relying entirely on appraisers to guarantee the quality of appraisals and automatically revalidating any doctor whose appraisals have been deemed to be satisfactory by their appraiser(s). Other Designated Bodies take a similar approach to STH with all pre-revalidation appraisals being checked by the RO or their nominee.

b. For the individual appraiser:

360 feedback from doctors for each individual appraiser has been introduced by MyL2P, to ensure a consistent and fair appraisal process. As the Revalidation Manager and Appraisal Lead/Responsible Officer currently check each individual appraisal, any issues with individual appraisers would be picked up through this process.

c. For the organisation:

- Monthly appraisal reports are produced for Medical Appraisals and discussed each month at Clinical Management Board. The Appraisal Lead, Revalidation Manager, Head of Medical HR and Appraisal Co-ordinator meet weekly to discuss progress and issues.
- Complaints and significant events are captured on DATIX and included by doctors in their appraisal evidence to ensure appropriate reflection and lessons learned. A system for ensuring that all complaints are included in appraisals will be the subject for future development.

d. Access, security and confidentiality

Access to MyL2P is by password via STH email address. Administrators (The Appraisal Lead/Responsible Officer, Revalidation Manager, Head of Medical HR and Appraisal Co-ordinator) also have password and STH email address access to all data within the system. Administrators are also required to enter a unique (Ubikey) access code to confirm Administrator rights of access.

MyL2P have given assurance that STH data is held at military grade protection, the highest level of data protection available. Doctors are encouraged to ensure that any patient data contained within their appraisal documentation is anonymised.

6. Revalidation Recommendations

- The number of recommendations between April 2015 and March 2016 was 260.
- 256 recommendations were completed on time.
- The number of positive recommendations totalled 229.
- The number of deferrals requested was 31.
- There were no non-engagement notifications.

7. Recruitment and Engagement Background Checks

Medical HR ensure that all appropriate recruitment and employment background checks are performed for permanently-employed doctors, temporarily-employed doctors, locums brought into the Designated Body through a locum agency and locums brought into the Designated Body through staff bank arrangements.

8. Responding to Concerns and Remediation/Monitoring Performance

Medical Staff at STH are subject to the Trust Concerns and Complaints Policy and the Conduct, Capability, Ill-health and Appeals Procedures for Medical and Dental Staff and the Operational Policy for Remediation. Issues arising with individual members of medical or dental staff that come under the scope of these policies and procedures are managed by the Medical Director's Office and Medical Personnel. Issues relevant to these policies and procedures may sometimes arise through the appraisal process.

9. National Standards

The structures and processes described above have been designed to comply with the Responsible Officer Regulations and GMC guidelines concerning appraisal and revalidation. The ongoing development of the processes of medical appraisal is also influenced by a series of Medical Appraisal Position Statements (MAPS) issued by NHS England. These MAPs are not formal regulatory or policy documents but represent the product of regional and national discussions that have taken place since the implementation of revalidation. They therefore represent guidance for the ongoing development of medical appraisal.

10. Risks and Issues

a. Appraisal rate
The current appraisal rate (89%) falls short of the trust target of 95%.

b. Formal mechanism for linking clinical incidents and complaints to the appraisal process.
No such system exists at present.

c. Surplus of appraisers
The current number of appraisers across the trust is slightly higher than the number required to ensure that each appraiser carries out a minimum of 6 appraisals per year.

d. Future compliance with GMC appraisal requirements
The GMC require that no appraisee should be appraised by the same appraiser more than three years in a row and that no two appraisers should appraise each other in the same year. These requirements become more difficult to satisfy over a period of years in smaller directorates for reasons that will be explained below.

e. Incorporation of PROUD values into medical and dental appraisal
Unlike appraisals for all other groups of staff in the trust, medical and dental staff are not overtly appraised against PROUD values.

f. Alignment of Personal Development Plans to Directorate Objectives
At present there is no formal mechanism for doing this.

11. Corrective Actions, Improvement Plan and Next Steps

a. Low level of annual appraisal

There has been a month-on-month improvement over the last year from the previous rate of 73% as a result of more proactive management through a combination of re-introducing automatic reminders through the MyL2P system, introducing a series of standard letters and an escalation procedure for late appraisals and personal approaches to individual doctors with very overdue appraisals. It is anticipated that the rate will continue to improve with the present management approach and should achieve the 95% target in coming months.

b. Formal mechanism for linking clinical incidents and complaints to the appraisal process

Development of such a system is a GMC recommendation but is potentially resource-intensive and may incur a significant cost. The practical implications of such a development will be explored with the new Head of Healthcare Governance, once appointed.

c. Surplus of appraisers

Prior to the 2017/18 job planning cycle, an audit will be carried out to identify appraisers who have fallen below this minimum number for 2 or more years in succession. Clinical Directors will be notified of the results so that they can take these into consideration during the 2017/18 job planning round with a recommendation to consolidate appraiser capacity in directorates where there is a surplus of appraiser capacity (i.e. directorates that have an appraisee to appraiser ratio of less than 6:1). Conversely, directorates that have an appraisee to appraiser ratio of greater than 10:1 will continue to be encouraged to recruit appraisers in order to ensure that the burden of resourcing the appraisal process is shared equitably across directorates. Appendix B shows the data for 2015/16.

d. Future compliance with GMC appraisal requirements

The GMC requirement described at 10b above, becomes more difficult to satisfy over a period of years in smaller directorates because the trust medical and dental appraisal policy requires appraisees to be appraised by an appraiser from within their directorate, unless no appraiser is available to them because of the above GMC requirements or because of a lack of appraiser capacity within their directorate. Under such circumstances, the policy allows for appraisal by an appraiser from another directorate who is a member of the same Royal College as the appraisee. However, this may also be difficult for members of the smaller Royal Colleges. It may therefore be necessary to take a more liberal approach to these requirements in the future, but it is proposed that the existing policy that any non-compliance with these policy requirements are subject to the approval of the RO continues in order to monitor how extensive this problem becomes, rather than changing the trust policy at this stage.

e. Incorporation of PROUD values

In contrast to the standard STH appraisal, medical appraisal does not overtly include assessment against PROUD values. It can be argued, however, that these values are assessed indirectly through the existing process.

Medical and dental appraisal incorporates four domains. The components of these four domains and how they map to PROUD values are outlined below.

Domain 1 – knowledge, skills and performance

- Maintaining professional performance
- Applying knowledge and experience to practice
- Ensuring quality of documentation

Maps to P, O and D of PROUD

Domain 2 – safety and quality

- Contributing to and complying with systems to protect patients
- Responding to risks to safety
- Protect patients and colleagues from any risk posed by your health

Maps to P and O of PROUD

Domain 3 – communication, partnership and teamwork

- Communicate effectively
- Work constructively with colleagues and delegate effectively
- Establish and maintain partnerships with patients

Maps to P, R and U of PROUD

Domain 4 – maintaining trust

- Show respect for patients
- Treat patients and colleagues fairly and without discrimination
- Act with honesty and integrity

Maps to R and U of PROUD

To incorporate a further element of appraisal that overtly assesses compliance with PROUD values may therefore duplicate existing elements of the medical and dental appraisal process. In view of this and the fact that assessment of behaviours consistent with PROUD values is now a part of the appointments process for trust medical and dental posts, it is not proposed to make such a change at the present time.

f. System for alignment of Personal Development Plans (PDPs) with corporate and directorate objectives

PDPs are developed and agreed by the appraiser and appraisee at each appraisal. Currently, it is the responsibility of the appraisee to ensure that the PDP objectives align with their professional role in STH. It is recommended that this level of individual responsibility of individual appraisees is maintained, although Clinical Directors have the right to see the PDPs of any doctor or dentist working in their directorate.

12. Recommendations

- The Board are asked to note this annual report and audit. This report will be shared with NHS England along with the quarterly information reports.

- The Board are asked to approve the "Statement of Compliance" confirming that Sheffield Teaching Hospitals NHS Foundation Trust, as a designated body, is in compliance with the Revalidation regulations.

- The Board are asked to approve the actions that are proposed to deal with the risks and issues that have been identified in this report.

References

1. The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013' and 'The General Medical Council (Licence to Practice and Revalidation) Regulations Order of Council 2012'

2. Effective Governance to Support Medical Revalidation. March 2013. GMC/GH/0313.

Appendix A – Medical Appraisal Report

Directorate April 15 - March 16	Appraisals	Doctors	%	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
MIMP	41	41	100	3	2	1	4	7	4	2	5	1	5	2	2	2
Renal Services	17	17	100	0	1	0	2	1	0	2	2	2	2	1	1	0
Combined Community and Acute Care	23	24	96			1	3	3	3	1	0	1	2	0	1	4
Comm Diseases Spec Med	49	52	94	5	2	1	4	2	2	2	4	4	7	4	3	1
Diabetes and Endocrinology	15	16	94	1	1	0	0	2	1	2	0	0	0	0	0	0
A&E	25	27	93	1	3	3	2	2	0	1	2	2	0	2	1	2
Ophthalmology	21	23	91	5	2	0	3	2	0	0	4	3	1	3	1	2
ENT	9	10	90	0	0	0	0	2	0	2	1	2	3	0	0	1
OGN	29	33	88	3	1	1	3	1	4	5	1	0	3	1	2	0
Cardiothoracic Services	34	39	87	3	1	2	2	0	3	3	5	2	3	1	3	2
SCS	27	31	87	2	4	0	2	1	3	1	2	3	2	2	0	1
Urology	12	14	86	2	1	0	1	0	1	0	2	0	3	0	1	0
Vascular Services	12	14	86	0	1	1	0	1	0	3	1	0	0	0	0	0
Plastic Surgery	16	19	84	0	1	2	0	2	0	0	2	0	0	0	2	2
Oral & Dental (GMC Registered)	5	6	83	1	0	1	2	1	2	0	1	0	0	0	0	0
Neurosciences	42	51	82	6	0	4	2	4	1	2	4	1	2	1	6	3
General Surgery	19	24	79	1	0	1	1	3	2	2	0	1	0	2	2	0
Respiratory Medicine	14	18	78	2	2	2	0	0	1	0	0	1	2	1	1	1
OSCCA	79	102	77	8	8	7	6	5	4	4	4	4	5	3	5	8
Lab Med	28	37	76	5	3	2	1	4	0	0	3	0	2	3	1	2
MSK	32	43	74		1	0	2	3	0	1	4	4	3	2	2	1
Gastroenterology	9	14	64	0	0	1	1	2	1	1	0	2	1	0	1	0
Oral & Dental	24	39	62						0	1	1	1	1	1	3	4
Occ Med	1	3	33	2	0	0	0	0	1	0	0	0	0	0	0	0
Totals	583	697	84	50	34	30	41	48	32	35	47	34	47	29	38	36

Appendix B – Audit of Appraisals per Appraiser 2015/16

Appraisals per Appraiser 2015/16					
Directorate		**Doctors**	**Appraisers**	**Appraisals per Appraiser**	**Total Appraisals**
Occ Med		**3**	**1**	**3**	**3**
Combined Community and Acute Care		**24**	**3**	**1, 10, 12**	**23**
Diabetes and Endocrinology		**17**	**2**	**6, 8**	**14**
ENT		**10**	**1**	**8**	**8**
Plastic Surgery		**18**	**2**	**4, 9**	**13**
Oral & Dental (GMC Registered)		**6**	**3**	**0, 1, 2**	**3**
Comm Diseases Spec Med		**55**	**5**	**2, 3, 4, 7, 11**	**27**
Vascular Services		**14**	**2**	**6, 12**	**18**
MIMP		**41**	**7**	**2, 3, 4, 6, 6, 8, 8**	**37**
Ophthalmology		**23**	**1**	**19**	**19**
Urology		**14**	**2**	**4, 9**	**13**
Respiratory Medicine		**18**	**1**	**12**	**12**
OGN		**34**	**5**	**2, 4, 5, 6, 6**	**23**
General Surgery		**25**	**2**	**5, 11**	**16**
SCS		**33**	**4**	**5, 5, 8, 11**	**29**
Renal Services		**16**	**2**	**4, 12**	**16**
Cardiothoracic Services		**40**	**4**	**1, 2, 7, 8**	**18**
Neurosciences		**51**	**11**	**0, 1, 2, 2, 2, 3, 3, 4, 7, 8, 10**	**42**
OSCCA		**102**	**11**	**4, 5, 6, 7, 7, 8, 8, 8, 9, 9, 14**	**85**
Oral & Dental		**28**	**4**	**0**	**0**
A&E		**26**	**1**	**25**	**25**
Gastroenterology		**13**	**3**	**0, 2, 8**	**10**
MSK		**43**	**8**	**2, 4, 5, 6, 7, 7, 9, 9**	**49**
Lab Med		**37**	**6**	**0, 2, 5, 9, 9, 10**	**35**